STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002674	A. BUILDING: _____ B. WING _____	09/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON ENDOSCOPY CENTER LLC	550 LANDMARK AVE BLOOMINGTON, IN 47402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS AAAHC Surveyor: 33212 Facility Number: 002674 Type of Survey: State Licensure Off Site AAAHC Accreditation Survey Date of AAAHC On Site Survey - ASC full survey 9/01-02/2016 Date of ISDH off site review - 10/13/2016 Based on review of the 9/02/2016 AAAHC Accreditation Survey Report, it has been determined that Bloomington Endoscopy Center meets the requirements for ASC Licensure in Indiana for 2016.	S 000		